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062891.0428

PATENT
09/741,690
Receipt
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1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re Application of: John A. Toebeis, et al. JUN 27 2001
Serial No.: 09/741,690 Technology Center 2600
Filing Date: December 19, 2000
Title: DEVICE, METHODS, AND USER INTERFACE FOR
PROVIDING OPTIMIZED ENTRY OF
ALPHANUMERIC TEXT

HH
J
6/27/01
MB

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J. Vasquez
Name

3/22/01
Date

Dear Sir:

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

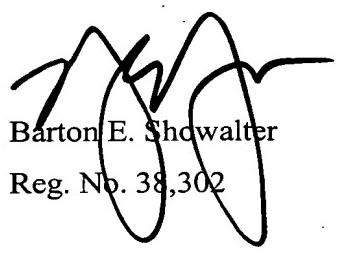
Attached is a copy of the Official Filing Receipt received from the U.S. Patent and Trademark Office in the above-identified patent application for which issuance of a corrected filing receipt is respectfully requested.

The Official Filing Receipt incorrectly lists the state of residence for applicant Richard L. House. Please delete "Cary, CA", and insert -CARY, NC-. A corrected filing receipt is respectfully requested.

While it is believed that this is not an error by the Applicants, the Commissioner is hereby authorized to charge any amount required by this paper or credit any overpayment to Deposit Account No. 02-0384 of Baker Botts L.L.P.

Respectfully submitted this 21st day of March, 2001.

BAKER BOTTS L.L.P.
Attorneys for Applicants



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/741,690	12/19/2000	2681	898	062891.0428	4	26	4



E. Showalter
Baker Botts L. L. P.
2001 Ross Avenue
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CONFIRMATION NO. 6554

FILING RECEIPT



'OC000000005821407'

Date Mailed: 03/02/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

John A. Toebe, Cary, NC
Ilya N. Slain, Santa Clara, CA;

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JUN 27 2001

Technology Center 2600

Assignment For Published Patent Application

Cisco Technology, Inc.;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 03/01/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

Title

Device, methods, and user interface for providing optimized entry of alphanumeric text

Preliminary Class

455

Data entry by : FESSEHAYE, ASTER

Team : OIPE

Date: 03/02/2001



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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 6554

SERIAL NUMBER 09/741,690	FILING DATE 12/19/2000 RULE	CLASS	GROUP ART UNIT 2683	ATTORNEY DOCKET NO. 062891.0428
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APPLICANTS

John A. Toebe, Cary, NC;
Ilya N. Slain, Santa Clara, CA;

** CONTINUING DATA *****

Bom

** FOREIGN APPLICATIONS *****

None Bom
IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 03/01/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Bom</i>	<i>Bom</i>			
	Examiner's Signature <i>Bom</i>	Initials <i>Bom</i>			

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TITLE

Device, methods, and user interface for providing optimized entry of alphanumeric text

FILING FEE RECEIVED 898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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